

Under the Prescription Reduction Act of 1985, no claim will be accepted in connection with
PATENT APPLICATION FEE DETERMINATION RECORD

Application or Doctor Number

10. *What is the best way to increase the number of people who use a particular service?*

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10090472
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY
(Column 1)		(Column 2)		(Column 3)	
FOR		NUMBER FILED 39	NUMBER EXTRA		
BASIC FEE (17 CFR 1.16(d))					RATE \$ 740
TOTAL CLAIMS (17 CFR 1.16(d))		39 minus 20 =	19		OR \$ 342
INDEPENDENT CLAIMS (17 CFR 1.16(d))		3 minus 3 =	0		OR \$ 0
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.16(d))					OR TOTAL 1082
• If the difference in column 1 is less than zero, enter "0" in column 2					
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A <i>6-24-05</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (17 CFR 1.16(d))	16	Minus	39	0
Independent (17 CFR 1.16(d))	1	Minus	3	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					
AMENDMENT B <i>7-16-05</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (17 CFR 1.16(d))	16	Minus	39	0
Independent (17 CFR 1.16(d))	1	Minus	3	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					
AMENDMENT C <i>7-16-05</i>	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
	Total (17 CFR 1.16(d))	0	Minus	0	0
Independent (17 CFR 1.16(d))	0	Minus	0	0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (17 CFR 1.16(d))					

3. If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

• If the entry in column 1 is less than any entry in column 2, enter '20'.
• If the 'Hirsh Number Previously Paid For' ON THIS SPACE is less than 20, enter '20'.
• If the 'Hirsh Number Previously Paid For' ON THIS SPACE is less than 3, enter '3'.

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independently) is the highest number paid for any one item in any one of the previous 12 months.

URGENCIES STATEMENT: This form is estimated to take 0.2 hours to complete. If you experience difficulty in completing this form, you are required to complete this form should be sent to the Civil Information Office, U.S. Attorney's Office, Washington, DC 20530. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for